

Amherst Health Department  
Environmental Health Services

**APPLICATION FOR LICENSE**

\_\_\_\_\_, 200\_\_

**FEE \$100.00**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:  
**TANNING**

\_\_\_\_\_  
**(Business Name and Location)**

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Name and Address of OWNER(S) \_\_\_\_\_

Days/Hours Operation \_\_\_\_\_ Number of Units \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Federal I. D. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Return to: Environmental Health Services  
Bangs Community Center, 2<sup>nd</sup> Fl  
70 Boltwood Walk  
Amherst, MA 01002

Make check payable to: **Town of Amherst**